



The form which follows is a sample only. To obtain an official copy of this form, please contact the Division of Soil and Water Conservation at:

203 Governor Street, Suite 206  
Richmond, Virginia 23219  
(804) 786-2064

NAME OF CANDIDATE [SHOULD BE AS IT IS TO APPEAR ON BALLOT]

RESIDENT ADDRESS OF CANDIDATE

CITY/TOWN ZIP

Soil & Water Director

OFFICE SOUGHT DISTRICT

COMMONWEALTH OF VIRGINIA  
PETITION OF QUALIFIED  
VOTERS

To be filed with Declaration of Candidacy]

Virginia Soil and Water  
Conservation District Director

We, the qualified voters of \_\_\_\_\_ signed

COUNTY OR CITY

hereunder or on the reverse side of this page, do hereby petition the above named individual to become a candidate for the office stated above in the General Election to be held on the \_\_\_\_\_ day of November, 20 \_\_\_\_\_, and we do further petition that his/her name be printed upon the official ballot to be used at the election.

**CIRCULATOR:** MUST SWEAR OR AFFIRM IN THE AFFIDAVIT ON THE REVERSE SIDE OF THIS FORM THAT S/HE RESIDES IN AND IS A REGISTERED AND QUALIFIED VOTER OF THE DISTRICT IN WHICH THE CANDIDATE SEEKS OFFICE AND THAT S/HE PERSONALLY WITNESSED EACH SIGNATURE.

**SIGNER:** YOUR SIGNATURE ON THIS PETITION MUST BE YOUR OWN AND DOES NOT SIGNIFY AN INTENT TO VOTE FOR THE CANDIDATE. YOU MAY SIGN PETITIONS FOR MORE THAN ONE CANDIDATE.

SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]		RESIDENT ADDRESS [PRINT NAME & ADDRESS OR Post Office Box & City/State/Zip]	DATE SIGNED	SOCIAL SECURITY NUMBER * SEE NOTE BELOW
POST OFFICE BOXES ARE NOT ACCEPTABLE				
1.	SIGN			
	PRINT			
2.	SIGN			
	PRINT			
3.	SIGN			
	PRINT			
4.	SIGN			
	PRINT			
5.	SIGN			
	PRINT			
6.	SIGN			
	PRINT			
7.	SIGN			
	PRINT			

SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]		RESIDENT ADDRESS House No. & Street Name or Rural Route & Box No. & City/Town	DATE SIGNED	SOCIAL SECURITY NUMBER * SEE NOTE BELOW
8.	SIGN			
	PRINT			
9.	SIGN			
	PRINT			
10.	SIGN			
	PRINT			
11.	SIGN			
	PRINT			
12.	SIGN			
	PRINT			
13.	SIGN			
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18.	SIGN			
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19.	SIGN			
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20.	SIGN			
	PRINT			
21.	SIGN			
	PRINT			

SIGNATURE OF REGISTERED VOTER [PRINT NAME IN SPACE BELOW SIGNATURE]		RESIDENT ADDRESS House No. & Street Name <b>or</b> Rural Route & Box No. & City/Town	DATE SIGNED	SOCIAL SECURITY NUMBER * SEE NOTE BELOW
22.	SIGN			
	PRINT			
23.	SIGN			
	PRINT			
24.	SIGN			
	PRINT			
25.	SIGN			
	PRINT			

\*The social security number is part of each voter's official record and is requested only to make it possible to check this petition more quickly and with greater accuracy. It is not mandatory that it be provided. The State Board of Elections or the General Registrar, when copying this document for public inspection, must cover the column containing social security numbers.

All signatures required by law need not be on the same page of the petition. Every page must be circulated. The circulator of each page must be a person who is a qualified voter eligible to vote for the office for which he/she is circulating the petition. The circulator also must swear or affirm in the affidavit on the reverse side of this form that he/she personally witnessed the signature of each voter.

A Declaration of Candidacy and petitions containing the signature of a candidate for any office must be filed with the Department of Conservation and Recreation, Division of Soil and Water Conservation, 13 Governor St., Suite 206, Richmond, VA 23219.

A Certificate of Candidate Qualification form must be filed by the candidate with the State Board of Elections, 200 N. 9th St., Suite 101, Richmond, VA 23219. All forms available from the Division of Soil and Water Conservation. When preparing the form, the form must be mailed or delivered by hand and they **must be received** by the appropriate agency **no later than 7:00 p.m. on the second business day in June**.

## Commonwealth of Virginia

I, \_\_\_\_\_, do hereby swear or affirm that (i) my resident address is \_\_\_\_\_; (ii) I am a qualified voter in the County/City of \_\_\_\_\_; (iii) I reside and am registered in the district in which the candidate seeks office; (iv) I am qualified to vote for the office for which this petition is circulated; and (v) I personally witnessed the signature of each person who signed this page or its reverse side. I understand that the penalty for falsifying this affidavit is a maximum fine of \$2500. and/or confinement for up to ten years.

\_\_\_\_\_  
SIGNATURE OF PERSON CIRCULATING PETITION

\_\_\_\_\_  
CIRCULATOR'S SOCIAL SECURITY NO.

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
My commission expires on \_\_\_\_\_.

\_\_\_\_\_  
NOTARY OR OTHER PERSON AUTHORIZED TO ADMINISTER OATHS

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